

**Hamilton County Sheriff Office
Personal Information Release Form**

Print Clearly

Name: _____
Address: _____
Date of Birth: _____
Soc. Sec. No. _____
Sex: M _____ F _____ Race: _____

I, the undersigned authorize the Hamilton County Sheriff Office to release information regarding any Traffic or Criminal convictions that I have on file. If it is necessary to verify this Authorization, I can be reached at telephone number _____.
This Authorization is void if not exercised by the person or organization named on the reverse side of this form within (1) year from the date signed. I hereby agree to indemnify the County of Hamilton and the Hamilton County Sheriff and his representatives for any liability arising out of the improper use of the information provided.

Signature: _____ Date: _____

Form ID Hes 2-90

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Signature: _____ Date: _____

Form ID Hes 2-90

Certification of Purpose

I, the undersigned, certify that the information applied for will be used only for the purpose for which it is requested and agree that this information will immediately be destroyed after use or if retained, not released outside my agency.

Type of Record Check:
Criminal: _____
Traffic: _____
Criminal and Traffic: _____

Information Requested by:
Company Name / Agency: _____
Date: _____ Contact Person: _____
Address: _____
Phone No: _____

FOR SHERIFF OFFICE USE ONLY:

Operator: _____ Date: _____
Record: _____ No Record: _____

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